

	DEFINITION	SPECIFIC FREQUENCY	EXCLUSIONS
	<p>Bladder rehabilitation: Will generally include these step-by-step procedures which are closely monitored, evaluated and documented: (1) mental and physical assessment of the patient to determine training capacity; (2) a 24 hour flow sheet or chart documenting voiding progress; (3) possibly increased fluid intake during the daytime; (4) careful attention to skin care; (5) prevention of constipation; (6) in the beginning may be toileted 8 to 12 times per day with decreased frequency with progress.</p> <p>Bowl rehabilitation: A program to prevent chronic constipation/impaction. The plan will generally include: (1) assessment of past bowel movements, relevant medical problems, medication use; (2) a dietary regimen of increased fluids and bulk (e.g., bran, fruits); (3) regular toileting for purposes of bowel evacuation; (4) use of glycerine suppositories or laxatives; (5) documentation on a worksheet or Kardex.</p>		<p>Exclude a bowel maintenance program which controls bowel intinence by development of a routine bowel schedule</p>
18L.	<p>CATHETER: During the past twelve weeks, an indwelling or external catheter has been needed. Indwelling catheter has been used for any duration during the past twelve weeks. The external catheter was used on a continuous basis (with proper removal and replacement during this period) for one or more days during the past twelve weeks. A physician order is required for an indwelling catheter; for an external catheter a physician order is not required.</p>		<p>Exclude catheters used to empty the bladder once, secure a specimen or instill medication</p>

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	DEFINITION	SPECIFIC FREQUENCY	EXCLUSIONS
18M.	PHYSICAL RESTRAINTS: A physical device used to restrict resident movement. Physical restraints include belts, vests, cuffs, mitts, jackets, harnesses and geriatric chairs.	At least two continuous Daytime hours for at least 14 days during the past four weeks.	Exclude all of following: <ul style="list-style-type: none">◦ Medication use for the sole purpose of modifying residents behavior◦ Application only at night◦ Application for less than two continuous daytime hours for 14 days◦ Devices which residents can release/remove such as, velcro seatbelts on wheelchairs◦ Residents who are bed bound◦ Side rails, locked doors/gates, domes

To Qualify as "YES" on the PRI the following qualifiers must be met:

1. The restraint must have been applied for at least two continuous daytime hours for at least 14 days during the past four weeks. Daytime includes the time from when the resident gets up in the morning to when the resident goes to bed at night.
2. An assessment of need for the physical restraint must be written by an M.D. or R.N.
3. The comprehensive care plan based on the assessment must include a written physician's order and specific nursing interventions regarding use of the physical restraint.

NEW ADMISSIONS: If a patient is a new admission and will require the use of a physical restraint for at least two continuous daytime hours for at least 14 days as specified by the physician order, then enter "YES" on the PRI.

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III. ACTIVITIES OF DAILY LIVING: EATING, MOBILITY, TRANSFER, TOILETING

Use the following qualifiers in answering each ADL question:

Time Period-	Past four weeks.
Frequency-	Asses how the patient completed each ADL 60% or more of the time performed (since ADL status may fluctuate during the day or over the past four weeks.)
	CHANGED CONDITION RULE: When a patient's ADL has improved or deteriorated during the past four weeks and this course is unlikely to change, measure the ADL according to its status during the past seven days.
Definitions-	<p>SUPERVISION means verbal encouragement and observation, not physical hands-on care.</p> <p>ASSISTANCE means physical hands-on care.</p> <p>INTERMITTENT means that a staff person does not have to be present during the entire activity, nor does the help have to be on a one-to-one basis.</p> <p>CONSTANT means one-to-one care that requires a staff person to be present during the entire activity. If the staff person is not present, the patient will not complete the activity.</p> <p>Note how these terms are used together in the ADLs. For example, there is intermittent supervision and intermittent assistance.</p>

CLARIFICATION OF ADL RESPONSES

19. EATING:

#3 "Requires continual help..." means that the patient requires a staff person's continual presence and help for reasons such as: patient tends to choke, has a swallowing problem, is learning to feed self, or is quite confused and forgets to eat.

#5 "Tube or parenteral feeding..." means that all food and drink is given by nursing staff through the means specified.

20. MOBILITY:

#3 "Walks with constant supervision and/or assistance..." may be required if the patient cannot

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maintain balance, has a history of falls, has stress fracture potential, or is relearning to ambulate.

21. TRANSFER: Exclude transfers to bath or toilet.

#4 "Requires two people..." may be required for reasons such as: the patient is obese, has contractures, has fractures (or stress fracture potential), has attached equipment that makes transfer difficult (for example, tubes). There must be a logical medical reason why the patient needs the help of two people to transfer.

#5 "Bedfast..." may refer to a patient with acute dehydration, severe decubitus, or terminal illness.

22. TOILETING:

Definition - INCONTINENT - 60% or more of the time the patient loses control of his/her bladder or bowel functions, with or without equipment.

#1 "Continent... Requires no or intermittent supervision" and #2 "... and/or assistance" can refer to the continent patient or the incontinent patient who needs no/little help with his/her toileting equipment (for example, catheter).

#3 "Continent... Requires constant supervision/total assistance..." refers to a patient who may not be able to balance him/herself and transfer, has contractures, has fracture, is confused or is on a rehabilitation program. In addition this level refers to the patient who needs constant help with elimination/incontinence appliances (for example, colostomy, ileostomy).

#4 "Incontinent... Does not use a bathroom" refers to the patient who does not go to a toilet room, but instead may use a bedpan or continence pads. This patient may be bed bound or mentally confused to the extent that a scheduled toileting program is not beneficial.

#5 "Incontinent... Taken to a Bathroom..." refers to a patient who is on a formal toileting schedule, as documented in the medical record. This patient may be on a formal bowel and bladder rehabilitation program to regain or maintain control, or the toileting pattern is known and it is better psychologically and physically for the patient to be taken to the toilet (for example, to prevent decubiti).

A patient may have different levels of toileting capacity for bowel and bladder function. To determine the level of such a patient, note that level four and five refer to incontinence of either bladder or bowel. Thus if a patient receives the type of care described in one of these levels for either type of incontinence, enter that level.

Example 1:



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A Patient needs constant assistance with a catheter (level 3) and is incontinent of bowel and is taken to the bathroom every four hours (level 5). In this instance, enter level 5 on the PRI because he is receiving the type of care described in this question for bowel incontinence.

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Example 2: The patient requires intermittent supervision for bowel function (level 2) and is taken to the toilet every two hours as part of a bladder rehabilitation program. Enter level 5, as the patient is receiving this type of care for bladder incontinence.

IV. BEHAVIORS - VERBAL DISRUPTION; PHYSICAL AGGRESSION; DISRUPTIVE, INFANTILE/SOCIALY INAPPROPRIATE BEHAVIOR; AND HALLUCINATIONS

The following qualifiers must be met:

Time Period- Past four weeks.

Frequency- As stated in the responses to each behavioral question.

Documentation- To qualify a patient as LEVEL 4 or to qualify the patient as a "YES" to HALLUCINATIONS, the following conditions must be met:

- o Active treatment plan for the behavioral problem must be in current use.
- o Psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem. The problem addressed by this assessment must still be exhibited by the patient.

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Definitions- The terms used on the PRI should be interpreted only as they are defined below:

- PATIENT'S BEHAVIOR: Measure it as displayed with the behavior modification and treatment plan in effect during the past four weeks.
- DISRUPTION: Through verbal outbursts and/or physical actions, the patient interferes with the staff and/or other patients. This interference causes the staff to stop or change what they are doing immediately to control the situation. Without this staff assistance, the disruption would persist or a problem would occur.
- NONDISRUPTION: Verbal outbursts and/or physical actions by the patient may be irritating, but do not create a need for immediate action by the staff.
- UNPREDICTABLE BEHAVIOR: The staff cannot predict when (that is, under what circumstances) the patient will exhibit the behavioral problem. There is no evident pattern.
- PREDICTABLE BEHAVIOR: Based on observations and experiences with the patient, the staff can discern when a patient will exhibit a behavioral problem and can plan appropriate responses in advance. The behavioral problem may occur during activities of daily living (for example, bathing), specific treatments (for example, contracture care, ambulation exercises), or when criticized, bumped into, etc.

CLARIFICATION OF RESPONSES TO BEHAVIORAL QUESTIONS

23. VERBAL DISRUPTION: Exclude verbal outbursts/expressions/utterances which do not create disruption as defined by the PRI.
24. PHYSICAL AGGRESSION: Note that the definition states "with intent for injury."
25. DISRUPTIVE, INFANTILE OR SOCIALLY INAPPROPRIATE BEHAVIOR: Note that the definition states this behavior is physical and creates disruption.
EXCLUDE the following behaviors:

- Verbal outbursts
- Social withdrawal
- Hoarding
- Paranoia

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26. HALLUCINATIONS: For a "YES" response, the hallucinations must occur at least once per week during the past four weeks, in addition to meeting the other qualifiers noted above for an active treatment plan and psychiatric assessment.

V. SPECIALIZED SERVICES

27. PHYSICAL AND OCCUPATIONAL THERAPIES:

- For each therapy these three types of information will be entered on the PRI; "Level", "Days" and "Time" (hour and minutes).
- For a patient not receiving a therapy at all, the "Level" will always be entered in the answer key as #1 ("does not receive"), the "Days" will be entered 0 (zero) and the "Time" will be 0 (zero).
- Use the chart on the following page to understand the qualifiers for each of the three types of information that will be entered. Whether a patient is receiving maintenance or restorative therapy will make a difference in terms of the qualifiers to be used.

SEE CHART THAT FOLLOWS FOR THE SPECIFIC QUALIFIERS.

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ORIGINAL

27. *LEVEL QUESTION:

**QUALIFIERS (see level 4 below)

QUALIFIERS FOR LEVEL	MAINTENANCE THERAPY = LEVEL 2	RESTORATIVE THERAPY = LEVEL 3
DOCUMENTATION QUALIFIERS: POTENTIAL FOR INCREASED FUNCTIONAL / ADL ABILITY	None. Therapy is provided to maintain and/or retard deterioration of current functional/ADL status. Therapy plan of care and progress notes should support that patient has no potential for further or any significant improvement.	There is positive potential for improved functional status within a short and predictable period of time. Therapy plan of care and progress notes should support that patient has this potential/is improving.
<u>PHYSICIAN ORDER, NURSE PRACTITIONER ORDER (IN CONFORMANCE WITH A WRITTEN PRACTICE AGREEMENT WITH A PHYSICIAN), OR APPROPRIATELY COSIGNED PHYSICIAN ASSISTANT ORDER</u>	Yes	Yes, monthly
PROGRAM DESIGN AND EVALUATION QUALIFIER	Licensed professional person with a 4 year, specialized therapy degree evaluates program on a monthly basis.	Licensed professional person with a 4 year, specialized therapy degree evaluates program on a monthly basis.
TIME PERIOD QUALIFIER	Treatments have been provided during the past four weeks.	Treatments have been provided during the past four weeks.

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27. *LEVEL QUESTION:

**QUALIFIERS (see level 4 below)

QUALIFIERS FOR LEVEL

MAINTENANCE THERAPY =
LEVEL 2

RESTORATIVE THERAPY =
LEVEL 3

NEW ADMISSION QUALIFIER

Not Applicable

New admissions of less than four weeks can be marked for restorative therapy if:

- There is a physician order, nurse practitioner order (in conformance with a written practice agreement with a physician), or appropriately cosigned physician assistant order for therapy and patient is receiving it.
- The licensed therapist has documented in the care/plan that therapy is needed for at least 4 weeks.
- A new admission includes readmission to a residential health care facility.

* After completion of the "Level" question, proceed to the separate "Days" and "Time" qualifiers on the next page.

** QUALIFIERS NOT MET = LEVEL 4
ENTER LEVEL 4 IF ANY ONE OF THE QUALIFIERS UNDER QUALIFIERS FOR LEVELS 2 OR 3 IS NOT MET.

27. DAYS AND TIME PER WEEK QUESTION: QUALIFIERS*

QUALIFIERS FOR DAYS AND TIME*

MAINTENANCE THERAPY
(i.e., level 2 or 4 under "Level" question)

RESTORATIVE THERAPY
(i.e., If level 3 or 4 under "Level" question)

TYPE OF THERAPY SESSION

Count only one-to-one care.
Exclude group sessions (e.g., PT exercise session, OT cooking session).

Count only one-to-one care.
Exclude group sessions (e.g., PT exercise session, OT cooking session).

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SPECIALIZED PROFESSIONAL
ON-SITE (ON-SITE MEANS
WITHIN THE FACILITY)

A certified (2 year) or licensed
(4 year) specialized professional
is on-site supervising or
providing therapy.

A licensed (4 year) specialized
professional is on-site
supervising or providing care.
(Do not include care provided
by PT or OT aides).

- QUALIFIERS NOT MET: DO NOT ENTER ON THE PRI ANY DAYS AND TIME OF THERAPY WHICH DO NOT MEET BOTH THE QUALIFIERS UNDER EACH LEVEL OF THERAPY.
28. NUMBER OF PHYSICIAN VISITS: Enter "0" (zero) unless the patient need qualifiers stated below are met. If, and ONLY if, the patient meets all the patient need qualifiers, then enter the number of physician visits, nurse practitioner visits (in conformance with a written practice agreement with a physician), or physician assistant visits that meet the physician, nurse practitioner, or physician assistant visit qualifiers
- PATIENT TYPE/NEED QUALIFIERS: The patient has a medical condition that (1) is unstable and changing or (2) is stable, but there is high risk of instability. If this patient is not closely monitored and treated by medical staff, an acute episode or severe deterioration can result. Documentation must support that the patient is of this type (for example, terminally ill, acute episode, recent hospitalization, post-operative).
 - PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT VISIT QUALIFIER: If, and only if, the patient meets the PATIENT TYPE/NEED QUALIFIER, then enter the number of physician visits, nurse practitioner visits (in conformance with a written practice agreement with a physician), or physician assistant visits during the past four weeks that meet the following qualifications:
 - A visit qualifies only if there is physician, nurse practitioner, or physician assistant documentation that she/he has personally examined the patient to address the pertinent medical problem. The physician, nurse practitioner, or physician assistant must make a notation or documentation in the medical record as to the result of the visit for the unstable medical condition (e.g., change medications, renew treatment orders, nursing orders, order lab tests).
 - Do not include phone calls as a visit nor visits which could have been accomplished over the phone.
 - A visit qualifies whether it is on-site or off-site, as long as the patient is not an inpatient in a hospital/other facility.

29. MEDICATIONS

- A. Monthly average number of all medications ordered: Enter the monthly average number of different medications for which physician orders were written over the course of the past six months. If the resident has been in the facility less than six months determine the monthly

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